



TRAUMA - ADULT (15 Years of Age and Older)

Any critical trauma patient (CTP) requires expeditious packaging, communication and transportation to the most appropriate trauma hospital. In Inyo and Mono Counties, the assigned base station should be contacted. If not contacted at scene, the receiving trauma hospital must be notified as soon as possible in order to activate the trauma team.

FIELD ASSESSMENT/TREATMENT INDICATORS

Trauma Triage Criteria and Destination Policy #15030 AEMT

ADULT TREATMENT PROTOCOL: TRAUMA Base Station Contact Shaded in Gray

BLS INTERVENTIONS	LIMITED ALS INTERVENTIONS
<ul style="list-style-type: none"> • Assess environment and extrication as indicated • Ensure thorough initial assessment • Ensure patent airway, protecting cervical spine • Axial spinal stabilization as appropriate • Oxygen and/or ventilate as needed, O₂ saturation (if BLS equipped) • Control obvious bleeding • Keep patient warm • For a traumatic full arrest, an AED may be utilized, if indicated • Transport to ALS intercept or to the closest most appropriate receiving hospital • Assemble necessary equipment for ALS procedures under direction of EMT-P and/or assemble pre-load medications as directed, excluding controlled substances 	<ul style="list-style-type: none"> • Advanced airway as indicated <p>Unmanageable Airway: Transport to the closest most appropriate receiving hospital when the patient requires advanced airway:</p> <ul style="list-style-type: none"> • An adequate airway cannot be maintained with a BVM device • Apply AED • IV Access: Warm IV fluids when avail <p><i>Unstable:</i> BP<90mmHG and/or signs of inadequate tissue perfusion, start 2nd IV access.</p> <p><i>Stable:</i> BP>90mmHG and/or signs of adequate tissue perfusion.</p> <p>Blunt Trauma:</p> <p><i>Unstable:</i> IV NS open until stable or 2000ml maximum is infused</p> <p><i>Stable:</i> IV NS TKO</p>

BLS Continued**MANAGE SPECIAL CONSIDERATIONS:**

Abdominal Trauma: Cover eviscerated organs with saline dampened gauze. Do not attempt to replace organs into the abdominal cavity.

Amputations: Control bleeding. Rinse amputated part gently with sterile irrigation saline to remove loose debris/gross contamination. Place amputated part in dry, sterile gauze and in a plastic bag surrounded by ice (if available). Prevent direct contact with ice. Document in the narrative who the amputated part was given to.

- **Partial amputation:** Splint in anatomic position and elevate the extremity.

Chest Trauma: If a wound is present, cover it with an occlusive dressing. If the patient's ventilations are being assisted, dress wound loosely, (do not seal). Continuously re-evaluate patient for the development of tension pneumothorax.

Flail Chest: Stabilize chest, observe for tension pneumothorax. Consider assisted ventilations.

Fractures: Immobilize above and below the injury. Apply splint to injury in position found except:

Limited ALS Continued**Penetrating Trauma:**

Unstable: IV NS 500ml bolus one time

Stable: IV NS TKO

Isolated Closed Head Injury:

Unstable: IV NS 250ml bolus, may repeat to a maximum of 500ml

Stable: IV NS TKO

- Transport to appropriate hospital.

MANAGE SPECIAL CONSIDERATIONS:**Fractures:**

Isolated Extremity Trauma: Trauma without multisystem mechanism.

BLS Continued

- **Femur:** Apply traction splint if indicated.
- **Grossly angulated long bone with distal neurovascular compromise:** Apply gentle unidirectional traction to improve circulation.
- **Check and document distal pulse before and after positioning.**

Genital Injuries: Cover genitalia with saline soaked gauze. If necessary, apply direct pressure to control bleeding. Treat amputations the same as extremity amputations.

Head and Neck Trauma: Place brain injured patients in reverse Trendelenburg (elevate the head of the backboard 15-20 degrees), if the patient exhibits no signs of shock.

- **Eye:** Whenever possible protect an injured eye with a rigid dressing, cup or eye shield. Do not attempt to replace a partially torn globe – stabilize it in place with sterile saline soaked gauze. Cover uninjured eye.
- **Avulsed Tooth:** Collect teeth, place in moist, sterile saline gauze and place in a plastic bag.

Impaled Object: Immobilize and leave in place. Remove object if it interferes with CPR, or if the object is impaled in the face, cheek or neck and is compromising ventilations.

Limited ALS Continued

Extremity trauma is defined as those cases of injury where the limb itself and/or the appendicular skeleton (shoulder or pelvic girdle) may be injured – e.g. dislocated shoulder, hip fracture or dislocation.

- Administer IV NS 250ml bolus one time.

Impaled Object: Remove object upon trauma base physician order, if indicated.

BLS Continued

Pregnancy: Where axial spinal stabilization precaution is indicated, the board should be elevated at least 4 inches on the right side for those patients who have a large pregnant uterus, usually applies to pregnant females \geq 24 weeks of gestation.

Traumatic Arrest: CPR if indicated. May utilize an AED if indicated.

Determination of Death on Scene: Refer to Protocol # 12010 AEMT, Determination of Death on Scene.

Limited ALS Continued

Traumatic Arrest: Continue CPR as appropriate.

- Apply AED and follow the voice prompts.

Determination of Death on Scene: Refer to Protocol # 12010 AEMT, Determination of Death on Scene.

-Severe Blunt Force Trauma Arrest:

IF INDICATED: transport to the closest receiving hospital.

-Penetrating Trauma Arrest:

IF INDICATED: transport to the closest receiving hospital.

- If the patient does not meet the "Obvious Death Criteria" in the "*Determination of Death on Scene*" Protocol #12010 AEMT, contact the trauma base station for determination of death on scene for those patients who suffer a traumatic cardiac arrest in the setting of penetrating trauma with documented asystole in at least two (2) leads, and no reported vital signs (palpable pulse and/or spontaneous respirations) during the EMS encounter with the patient.
- Resuscitation efforts on a penetrating traumatic arrest victim are not to be terminated without trauma base station contact.

Precautions and Comments:

- Electrical injuries that result in cardiac arrest shall be treated as medical arrests.
- Consider cardiac etiology in older patients in cardiac arrest with low probability of mechanism of injury.

	<p><u>Limited ALS Continued</u></p> <ul style="list-style-type: none">○ If the patient is not responsive to trauma-oriented resuscitation, consider medical etiology and treat accordingly.○ Unsafe scene may warrant transport despite low potential for survival.○ Whenever possible, consider minimal disturbance of a potential crime scene. <p>Base Station Orders: May order additional:</p> <ul style="list-style-type: none">• fluid boluses.
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REFERENCE PROTOCOLS

Protocol Number

9010 AEMT
10160 AEMT
10010/10020 AEMT
11070 AEMT
15030 AEMT
12010 AEMT

Protocol Name

General Patient Care Guidelines
Axial Spinal Stabilization
King Airway Device
Adult Cardiac Arrest
Trauma Triage Criteria and Destination Policy
Determination of Death on Scene